



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 026 \*\*\*150.00

<b>DOCUMENT # P06000126346</b> 1. Entity Name <b>MGS DESIGNZ &amp; MORE..., INC.</b>					
Principal Place of Business <b>307 DEL PRADO N SUITE 6 CAPE CORAL, FL 33909</b>			Mailing Address <b>307 DEL PRADO N SUITE 6 CAPE CORAL, FL 33909</b>		
2. Principal Place of Business - No P.O. Box # <b>139 NW 15th Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>139 NW 15th Terrace</b> Suite, Apt. #, etc.			
City & State <b>Cape Coral, FL</b> Zip <b>33993</b>		City & State <b>Cape Coral, FL</b> Zip <b>33993</b>		4. FEI Number <b>20-5838008</b>	
Country <b>Lee</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, MONICA 139 NW 15TH TERRACE CAPE CORAL, FL 33993</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-registering) Date: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARCIA, MONICA 139 NW 15TH TERRACE CAPE CORAL, FL 33993</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Monica Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/26/07 (239) 458-3677</u> <small>Date Daytime Phone #</small>		